

**Background Information Change Disclosure Form**

Licensing Background Bureau

LIC #2557B (Rev 11/10)

**Background Information Change Disclosure Form****(Per CIC 1729.2)**

This form has been developed to assist you in making the required background change reporting requirements under the provisions of section 1729.2 of the California Insurance Code. Failure to comply with CIC 1729.2 may result in denial or revocation of your license and/or denial of your application for a license. Refer to the attached Instructions (LIC 2557-A) for additional information. Providing your social security number is mandatory.

**Section A: Check the box(es) that applies to you:**

- Individual Licensee
- Business Entity licensee
- Endorsee under Business Entity License
- Business Entity Reporting Background Change of Unlicensed Officer, Director, Partner, member or 10% or more greater shareholder, or Controlling Person (as defined in CIC 1668.5[b]).

New License Applicant, (check only one):

- Business Entity    Individual Licensee    Endorsee to Be Named Under a Business Entity.
- Unlicensed officer, director, partner, member, or controlling person under a business entity license or application.
- California Resident    Non Resident (If non resident, list state of residence: \_\_\_\_\_)

Print name: \_\_\_\_\_

                    First                                  Middle                                  Last                                  Social Security #

Other name(s): \_\_\_\_\_

(List any other names by which you have been known (Including maiden names, AKA's or aliases))

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

                    Street                                  City                                  State

Business name and address of employer or business entity: \_\_\_\_\_

License number: \_\_\_\_\_ Application pending?  Yes  No

\*Position or Title: \_\_\_\_\_

  \*(Complete only if you are an endorsee of an organization)

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**Section B: Please check below the background changes you are reporting and disclosing:**

1. Have you\* been convicted of a crime? \*\*  Yes  No
2. Have you\* been charged with a felony?  Yes  No
3. Have you\* been charged by an administrative agency with a violation involving a professional or occupational license?  Yes  No
4. Have you\* been discharged or attempted to discharge in bankruptcy a debt involving premium or return premium?  Yes  No
5. Have you made any admission, or had a judicial finding or determination of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?  Yes  No

\* If this Background Change Disclosure is being submitted by an organization, "you" means the organization and any officer, director, partner, member, endorsee, 10% or greater shareholder, and controlling person (as defined in Insurance Code Section 1668.5[b]). The changes subject to this requirement include changes pertaining to any **unlicensed** officer, director, partner, member, or controlling person, or any other natural person named under the business entity license or application.

\*\* "Crime" includes a felony, a misdemeanor or a military offense. "Convicted" includes, but is not limited to, having been found guilty by a verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having had any charge expunged, dismissed or plea withdrawn pursuant to Penal Code 1203.4, or having been given probation, a suspended sentence or a fine. You may exclude traffic citations and juvenile offenses tried in juvenile court. You must disclose misdemeanor and felony vehicle code convictions, including any driving under the influence (DUI) convictions.

**Important Notice:** If you checked box 1, 2, 3, 4, or 5 attach a detailed statement signed by the person most involved with the event explaining what occurred. If you were convicted of a crime, attach copies, **Certified by the Court**, of the Criminal Complaint and Minute Order showing the final plea, judgment and sentence. If criminal, civil or administrative charges were filed, attach **certified** copies of the court records and/or official documents which demonstrate the resolution of the charges or any final judgement. If a Bankruptcy filing is being reported related to insurance premiums or trust funds, provide certified copies of the final bankruptcy discharge document from the court which demonstrates the final resolution.

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**Section C: Important information for licensees who are endorsees under Business Entity**

**licenses or Applications:** If the background change reported by you involves you and you are an endorsee on a business entity license, then you must also provide this background change notice to any officer, director, or partner listed on that business entity license within 30 days of learning of the background change (CIC 1729.2 [b]).

**If you are an endorsee, please check this box (C) to certify that you have notified the business entity license holder for which you are named as an endorsee and provide the date of the notification.**

**Box C**  I certify that I have also notified the business entity license holder for which I am named as an endorsee on \_\_\_\_\_ of the background changes I have noted in box(s) 1, 2, 3, 4 or 5 above. (date)

Name of Person Reported to: \_\_\_\_\_

Name and Address of Business Entity: \_\_\_\_\_

Business Entity License #: \_\_\_\_\_

**Important information for business entity licensees or applicants:** If the background change matter being reported by you involves any **unlicensed** officer, director, partner, member, endorsee, 10% or greater shareholder, or any controlling person (as defined in Insurance Code Section 1668.5(b)) of the organization, then an officer, director, partner, member, or controlling person, (as defined in 1668.5(b)) must also report the background change involving the unlicensed person.

**Section D:** Please check this box (D) below only if you are notifying the Commissioner of a background change on behalf of a business entity license involving an unlicensed officer, director, partner, endorsee, 10% or greater shareholder or any controlling person (as defined insurance code section 1668.5[b]).

**Box D**  I certify that I am an officer, director or controlling person of an organization and I am notifying the Commissioner that an unlicensed officer director, partner, member, endorsee, 10% or greater shareholder, or any other controlling person as defined in Insurance Code Section 1668.5 has had a change in background information as per CIC 1729.2). I have noted the background changes being reported in box 1, 2, 3, 4, or 5 above.

Provide Name of Unlicensed Officer, Director, Partner, Member, Endorsee, 10% or Greater Shareholder, or any other Controlling person as defined in CIC 1668.5.

Name of unlicensed person: \_\_\_\_\_

Name and address of business entity: \_\_\_\_\_

Business Entity License #: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

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**Section E: Applicant/Licensees Certification:**

I certify or declare under penalty of perjury under the laws of the State of California that I have read the above disclosures and that was statement made therein is full, true and correct. I understand that any changes in background information (per CIC 1729.2) must be filed within 30 days or my license can be subjected to disciplinary action. I certify that other than the disclosures being made above, I have no other unreported changes in background information to report as required under CIC 1729.2.

Signature ► \_\_\_\_\_

Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Print Name: \_\_\_\_\_

Applicant's Title (If Organization/Business Entity): \_\_\_\_\_

Name of Organization (if Organization/Business Entity): \_\_\_\_\_

Email address: